|                                                                                                                                                                                                                                                                                                             | PATENT APPLICATION FEE DETERMINATION RECO                                |                                               |                |                                   |                            |                  |       |                   | Application or Docket Number |      |                     |                        |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------|----------------|-----------------------------------|----------------------------|------------------|-------|-------------------|------------------------------|------|---------------------|------------------------|--|
| ·                                                                                                                                                                                                                                                                                                           | PATENT                                                                   | 10820918                                      |                |                                   |                            |                  |       |                   |                              |      |                     |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                                                                                                                                                                              |                                                                          |                                               |                |                                   |                            |                  |       | MALL              | ENTITY                       | OR   |                     | THAN<br>ENTITY         |  |
| T                                                                                                                                                                                                                                                                                                           | OTAL CLAIMS                                                              |                                               | 29             |                                   |                            |                  |       | RATE              | FEE                          | 7    | RATE                | FEE                    |  |
| FOR                                                                                                                                                                                                                                                                                                         |                                                                          |                                               | NUMBER FILED   |                                   | NUME                       | UMBER EXTRA      |       | BASIC FE          | 385.00                       | OR   | BASIC FEE           | 770.00                 |  |
| TC                                                                                                                                                                                                                                                                                                          | OTAL CHARGE                                                              | ABLE CLAIMS                                   | 29 mi          | nus 20=                           | • 4                        | ·                |       | XS 9=             |                              | OR   | X\$18=              | 162                    |  |
| ואו                                                                                                                                                                                                                                                                                                         | DEPENDENT C                                                              | LAIMS                                         | 3 minus 3 = 1* |                                   |                            |                  | X43=  |                   |                              | OR   | X86=                |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                                                                                                                                                                                                                                            |                                                                          |                                               |                |                                   |                            |                  | İ     | +145=             |                              | OR   | +290=               |                        |  |
| • 11                                                                                                                                                                                                                                                                                                        | * If the difference in column 1 is less than zero, enter "0" in column 2 |                                               |                |                                   |                            |                  |       | TOTAL             | -                            | OR   | TOTAL               | 932                    |  |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                                                                                                                                 |                                                                          |                                               |                |                                   |                            |                  |       |                   |                              | _    | OTHER               |                        |  |
|                                                                                                                                                                                                                                                                                                             | (Column 1) (Column 2) (Column 3)                                         |                                               |                |                                   |                            |                  |       | SMALL             | ENTITY                       | OR   | SMALL               | ENTITY                 |  |
| AMENDMENT A                                                                                                                                                                                                                                                                                                 |                                                                          | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT     | MAINING NI     |                                   | EST<br>SEA<br>JUSLY<br>FOR |                  |       | RATE              | ADDI-<br>TIONAL<br>FEE       |      | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                                                                                                                                                                                                                                             | Total .                                                                  | - 18                                          | Minus          | -2                                | 9                          |                  |       | X\$ 9=            |                              | OR   | X\$18=              |                        |  |
| AME                                                                                                                                                                                                                                                                                                         | Independent                                                              | · 2                                           | Minus          | 7                                 |                            | -                | Γ     | X43=              |                              | OR   | X86=                | 7                      |  |
| L                                                                                                                                                                                                                                                                                                           | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                           |                                               |                |                                   |                            |                  | Ī     | +145=             |                              | OR   | +290=               |                        |  |
|                                                                                                                                                                                                                                                                                                             |                                                                          |                                               |                |                                   |                            |                  | L-    | TOTAL             |                              |      | TOTAL<br>ADDIT, FEE | /                      |  |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                            |                                                                          |                                               |                |                                   |                            |                  |       |                   | : <b></b>                    |      | ADDIT. PEE          | /                      |  |
| MENDM                                                                                                                                                                                                                                                                                                       | 09/27/07                                                                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT     |                | HIGHE<br>NUME<br>PREVIO<br>PAID F | BER                        | PRESENT<br>EXTRA |       | RATE              | ADDI-<br>TIONAL<br>FEE       |      | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                                                                                                                                                                                                                                             | Total                                                                    | - 16                                          | Minus          | - 21                              | 7                          | · 1              |       | X\$ 9=            |                              | OR   | X\$18=              | 1                      |  |
|                                                                                                                                                                                                                                                                                                             | Independent                                                              | • 3                                           | Minus          | 3                                 | <u> </u>                   | · P              |       | X43=              |                              | OR   | X86=                | X                      |  |
|                                                                                                                                                                                                                                                                                                             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                           |                                               |                |                                   |                            |                  |       | +145=             |                              | OR   | +290=               |                        |  |
|                                                                                                                                                                                                                                                                                                             |                                                                          |                                               |                |                                   |                            |                  |       | TOTAL<br>DIT. FEE |                              | OR , | TOTAL<br>ADDIT. FEE |                        |  |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                            |                                                                          |                                               |                |                                   |                            |                  |       |                   | .•                           |      |                     |                        |  |
| AMENDMENT C                                                                                                                                                                                                                                                                                                 |                                                                          | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT     | •              | HIGHE<br>NUMB<br>PREVIO<br>PAID F | ER<br>USLY                 | PRESENT<br>EXTRA |       | RATÉ              | ADDI-<br>TIONAL<br>FEE       |      | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                                                                                                                                                                                                                                             | Total                                                                    | •                                             | Minus          | 8                                 |                            | <b>3</b>         |       | X\$ 9=            | ·                            | OR   | X\$18=              |                        |  |
| ME                                                                                                                                                                                                                                                                                                          | Independent                                                              | •                                             | Minus          | •••                               |                            | 8                |       | X43=              |                              | l .  | X86=                |                        |  |
|                                                                                                                                                                                                                                                                                                             | FIRST PRESE                                                              | IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                |                                   |                            |                  |       |                   |                              | OR   |                     |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                                                                                                                                                                                                                       |                                                                          |                                               |                |                                   |                            |                  |       |                   |                              | OR   | +290=<br>TOTAL      |                        |  |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20. enter "20."  The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number tound in the appropriate box in column 1. |                                                                          |                                               |                |                                   |                            |                  |       |                   |                              |      |                     |                        |  |
| 1                                                                                                                                                                                                                                                                                                           | The "Highest Num                                                         | ber Previously Palo                           | For (Total or  | Independer                        | nt) is the                 | highest number   | tound | in the ap         | propriate bo                 |      | <i></i> 1.          |                        |  |